STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155751	A. BUILDING _____ B. WING _____	C 04/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW LAKES	200 MEADOW LAKE DR MOORESVILLE, IN 46158

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00170820, IN00171179, IN00171666, IN00171881. Complaint IN00170820 - Unsubstantiated due to lack of evidence. Complaint IN00171179 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00171666 - Unsubstantiated due to lack of evidence. Complaint IN00171881 - Unsubstantiated due to lack of evidence. Survey dates: April 26, 27, 28, 2015 Facility number: 0004831 Provider number: 155751 AIM number: 200809750 Census bed type: SNF: 21 SNF/NF:109 Residential: 54 Total: 184 Census payor type: Medicare: 25 Medicaid: 73 Other: 32 Total: 130 Sample: 06 Meadow Lakes was found to be in compliance	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155751	A. BUILDING _____ B. WING _____	C 04/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW LAKES	**200 MEADOW LAKE DR MOORESVILLE, IN 46158**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 with 42 CFR Part 483, Subpart B and 410 IAC 16.2 - 3.1 in regards to the Investigation of Complaints IN00170820, IN00171179, IN00171666, IN00171881. .	F 000		